

Entered 12/28/09 sb
CL 09L1041 - LISA CARTER

10- R -0367

**CLAIM OF: USAA, as subrogee of
JAMES ROSENFELD
9800 Fredricksburg Road
San Antonio, Texas 78288**

For damages alleged to have been sustained as a
result of striking a damaged curb on October 3,
2009 at 1264 Lavista Road.

THIS ADVERSED REPORT IS
APPROVED

BY:


**JERRY L. DELOACH
DEPUTY CITY ATTORNEY**

ADVERSE REPORT

PUBLIC SAFETY &

LEGAL ADMINISTRATION COMMITTEE

DATE 2/23/10

CHAR. John L. Lutz Jr.

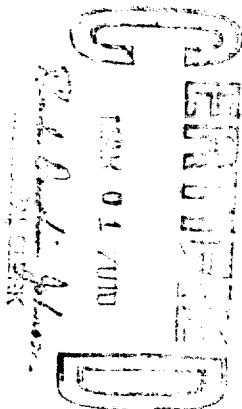
Thomas

Gene M. Shepherd

Yadira

H. F. [Signature]

MAR 01 2010



MAR 01 2010

ADVERSED BY
CITY COUNCIL



OFFICE OF MUNICIPAL CLERK

RHONDA DAUPHIN JOHNSON
MUNICIPAL CLERK

March 10, 2010

55 TRINITY AVENUE, S.W.
SECOND FLOOR, EAST
SUITE 2700
ATLANTA, GEORGIA 30335
(404) 330-6030
FAX (404) 658-6273

USAA
9800 Gredsbicksburg Road
San Antonio Texas 78288

10-R-0367

RE: Subrogee of James Rosenfeld

Dear Sir/ Madam

I sincerely regret that your client has been adversely affected by the circumstances raised in his/her claim for damages against the City of Atlanta. Your time and patience in this matter has been greatly appreciated.

However, I must notify you that the Atlanta City Council Adopted an Adverse Report on your client's claim at its regular meeting on February 15, 2010. In consultation with the City's Law Department, who conducted an investigation of the situation, the Council has determined that the City cannot accept responsibility for this matter and therefore cannot pay this claim.

If you desire any further information, please contact the **City Attorney's Office/Claims Division at (404) 330-6400.**

Yours very truly,

Rhonda Dauphin Johnson CMC
Municipal Clerk

cc: Claims Division/Law Department

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 09L1041

Date: January 26, 2010

Claimant /Victim **JAMES ROSENFELD**

BY:(Atty)(Ins.Co.) USAA

Address: 9800 Fredricksburg Road San Antonio, Texas 78288

Subrogation: X Claim for Property damage \$ \$25,448.72 Bodily Injury \$ _____

Date of Notice: 12/21/09 Method: Written, proper X Improper _____

Conforms to Notice: O.C.G.A. §36-33-5 X Ante Litem (6 Mo.) X

Date of Occurrence 10/03/09 Place: 1264 Lavista Road

Department _____ Bureau: _____ Office: _____

Employee involved _____ Disciplinary Action: _____

NATURE OF CLAIM: The claimant alleges that he sustained damages as a result of striking a damaged curb at 1264 Lavista Road. However, an investigation determined that this is a state route and Georgia Department of Transportation is responsible for the maintenance. The claim has been forwarded and the claimant has been advised to pursue his claim with Georgia Department of Transportation.

INVESTIGATION:

Statements: City employee _____ Claimant _____ Others _____ Written _____ Oral _____

Pictures X Diagrams X Reports: Police _____ Dept Report _____ Other _____

Traffic citations issued: City Driver _____ Claimant Driver _____

Citation disposition: City Driver _____ Claimant Driver _____

BASIS OF RECOMMENDATION:

Function: Governmental _____ Ministerial _____

Improper Notice _____ More than Six Months _____ Other X Damages reasonable _____

City not involved X Offer rejected _____ Compromise settlement _____

Repair/replacement by Ins. Co. _____ Repair/replacement by City Forces _____

Claimant Negligent _____ City Negligent _____ Joint _____ Claim Abandoned _____

Respectfully submitted,



INVESTIGATOR - LISA CARTER

RECOMMENDATION:

Pay \$ _____ Adverse X Account charged: General Fund _____ Water & Sewer _____ Aviation _____

Claims Manager: _____ Concur/date 02/08/10

Committee Action: _____ Council Action _____



9800 Fredericksburg Road
San Antonio, Texas 78288

RECEIVED
OFFICE OF
MUNICIPAL CLERK
2009 DEC 21 AM 10:53

COUNCIL OF THE CITY OF ATLANTA
55 TRINITY AVENUE SW
ATLANTA GA 30303

December 11, 2009

ENTERED - 12-28-09 - SB
09L1041 - L. CARTER

CARTER
12/24/09
JA

Reference: Request for payment

Municipal Clerk,

We reimbursed our insured for damages sustained as a result of the loss referenced below. Our investigation shows that your insured is responsible. This is notification that we intend to recover the amount we paid.

CC:09L1014

USAA policyholder:	James D. Rosenfeld
Claim #:	4330418-7107-8-7644
Date of loss:	October 3, 2009
Loss location:	Atlanta, Georgia
USAA tax ID:	59-3019540
Your policyholder:	City of Atlanta
Your reference #:	UNK

We ask that you not settle the claim with our insured without protecting our recovery rights. Please see the attached Payment Summary for additional details.

If you need additional assistance, please call 1-800-531-8722, ext. 2-6263. I, or one of my co-workers, will assist you.

Sincerely,

Julia Trejo

10- R -0367

Julia L Trejo
Subrogation Department
USAA Casualty Insurance Company

		03-01-10
ITEMS ADOPTED ON CONSENT	ITEMS ADOPTED ON CONSENT	ITEMS ADVERSED ON CONSENT
1. 10-O-0275	36. 10-R-0350	42. 10-R-0356
2. 10-O-0276	37. 10-R-0351	43. 10-R-0357
3. 10-O-0277	38. 10-R-0352	44. 10-R-0358
4. 10-O-0278	39. 10-R-0353	45. 10-R-0359
5. 10-O-0279	40. 10-R-0354	46. 10-R-0360
6. 10-O-0289	41. 10-R-0355	47. 10-R-0361
7. 10-O-0290		48. 10-R-0362
8. 10-O-0291		49. 10-R-0363
9. 10-O-0292		50. 10-R-0364
10. 10-O-0293		51. 10-R-0365
11. 10-O-0294		52. 10-R-0366
12. 10-O-0296		53. 10-R-0367
13. 10-O-0241		54. 10-R-0368
14. 10-O-0307		55. 10-R-0369
15. 10-R-0334		56. 10-R-0370
16. 10-R-0335		57. 10-R-0371
17. 10-R-0390		58. 10-R-0372
19. 10-R-0395		59. 10-R-0373
20. 10-R-0407		60. 10-R-0374
21. 10-R-0411		61. 10-R-0375
22. 10-R-0394		62. 10-R-0376
23. 10-R-0396		63. 10-R-0377
24. 10-R-0338		64. 10-R-0378
25. 10-R-0339		65. 10-R-0379
26. 10-R-0340		66. 10-R-0380
27. 10-R-0341		67. 10-R-0381
28. 10-R-0342		68. 10-R-0382
29. 10-R-0343		69. 10-R-0383
30. 10-R-0344		70. 10-R-0384
31. 10-R-0345		71. 10-R-0385
32. 10-R-0346		
33. 10-R-0347		
34. 10-R-0348		
35. 10-R-0349		